ForwardHealth
Wisconsin serving you

Electronic Remittance Advice Training

Webcast, March 2012

Agenda

- Overview.
- Remittance Advice (RA) Options.
- Understanding your RA.
- Using the Comma-Separated Value (CSV) file.
- Resources.

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Overview

Downloadable CSV and Text (Txt) RA files available on secure Portal

- Providers must have secure Portal accounts to access RAs
- Availability on Portal is based on program financial cycle. Cycles typically run:
  - Medicaid and BadgerCare Plus— Friday.
  - Wisconsin Well Woman Program (WWWP) — Monday.
  - Wisconsin Chronic Disease Program — Tuesday.
- Providers must maintain financial records according to state and federal guidelines (typically 5 years minimum).
- CSV and RA User Guides Available on Portal.

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Overview (cont.)

Downloadable CSV and Text (Txt) RA files available on secure Portal

- The RA provides important information about the processing of claims and adjustment requests as well as additional financial transactions such as refunds or recoupment amounts withheld.
- ForwardHealth uses RA banner messages to communicate with providers
- Providers who have a single NPI that is used for multiple certifications will receive an RA for each certification

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RA Options

Currently available RA options

835

- HIPAA compliant

Text file

- Available on secure Provider area of the Portal.
- RA information from last 97 days.
- File can be saved to local computer/network.
- Banner messages and explanation of benefits (EOB) code descriptions will be included.

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RA Options (cont.)

CSV file:

- Can be downloaded into basically any spreadsheet or database software program.
- Data can be manipulated.
- Providers can customize their own RAs.
- File can be downloaded in sections.
- Last 10 RAs will be available.
- Providers will have to use Portal to see banner messages and EOB code descriptions.

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Remittance Advices

ForwardHealth offers providers and MCOs two different options for obtaining their remittance advices electronically. From this page, users will be able to select the electronic RA format that best suits their needs.

Text Report Format (.txt)

Use the following link to access remittance advices in text format. Users will be able to select which specific RA they would like to download or view. Text report formatted remittances are available for the past 97 days.

- Download or view remittance advices in a text (.txt) report format

Comma-Separated-Values Format (.csv)

Use the following links to access remittance advices in CSV format. Users will be able to select which specific RA they would like to download. Users will also be able to choose which sections of the RA they would like to include in the download file. A provider or MCOs last 10 remittance advices will be available in CSV format.

- Download remittance advices in a CSV (.csv) report format
- View the RA User Guide
- View the CSV file user Guide
- View EOB codes and descriptions

The official version of the remittance advices will continue to be maintained within the ForwardHealth databases.

Understanding Your RA

Sections of the Txt file RA

The RA includes the following sections:

- Address page.
- Banner Messages.
- Claims processing information.
- Explanation of Benefits (EOB) Code Descriptions.
- Financial Transactions.
- Service Code Descriptions.
- Summary.
- WWWP only — claims in process section.

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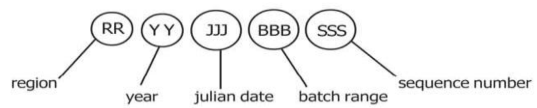
Understanding Your RA (cont.)

Interpreting Claim Numbers

Each claim and adjustment received by ForwardHealth is assigned a unique claim number (also known as the internal control number or ICN). This number identifies valuable information about the claim and adjustment request. The following diagram and table provide detailed information about interpreting the claim number.



Type of Number and Description	Applicable Numbers and Description
Region — Two digits indicate the region. The region indicates how ForwardHealth received the claim or adjustment request.	10 — Paper Claims with No Attachments 11 — Paper Claims with Attachments 20 — Electronic Claims with No Attachments 21 — Electronic Claims with Attachments 22 — Internet Claims with No Attachments 23 — Internet Claims with Attachments 25 — Point-of-Service Claims 26 — Point-of-Service Claims with Attachments 40 — Claims Converted from Former Processing System 45 — Adjustments Converted from Former Processing System 50–59 — Adjustments 80 — Claim Resubmissions 90–91 — Claims Requiring Special Handling
Year — Two digits indicate the year ForwardHealth received the claim or adjustment request.	For example, the year 2008 would appear as 08.
Julian date — Three digits indicate the day of the year, by Julian date, that ForwardHealth received the claim or adjustment request.	For example, February 3 would appear as 034.
Batch range — Three digits indicate the batch range assigned to the claim.	The batch range is used internally by ForwardHealth.
Sequence number — Three digits indicate the sequence number assigned within the batch range.	The sequence number is used internally by ForwardHealth.

Understanding Your RA (cont.)

Adjustments and recoupments

- Adjustments can only be done on claims in a Paid status.
- Can be provider initiated.
- Can be system generated.
- Recoupments are generally done on same RA as the adjusted claim.
  - Exception:
    - Nursing Home retroactive rate changes.
    - Provider does not have enough paid claims to satisfy the recoupments.
- Claim information will appear in adjustment section for each claim type.
- Additional payment or overpayment to be withheld will be listed for each adjustment.

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Understanding Your RA (cont.)

Financial Transaction Page.

- Accounts receivable.
- Set-up date.
- Original amount.
- Recoupment amount.
- Balance.
- Adjustment ICN.
- Previous ICN.
- Amount recouped in current cycle.

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Remittance Advice – CLAIM ADJUSTMENTS, additional payment

```
 REPORT:   CRA-HCAD-R                  FORWARDHEALTH INTERCHANGE                    DATE:  10/09/2009
   RA#:   55555555                     WISCONSIN FORWARDHEALTH                      PAGE:          12
 PAYER:   TXIX                        PROVIDER REMITTANCE ADVICE
                                   PROFESSIONAL SERVICES CLAIM ADJUSTMENTS

Medical Provider #1                                                          PAYEE ID      12345678    MCD
D101 Road                                                                    NPI             1122334455
Cabbage, WI 00123-1234                                                       CHECK/EFT NUMBER  393939393
                                                                             PAYMENT DATE      10/13/2009


  --ICN--        PCN          MRN        SERVICE DATES      BILLED AMT       OTH INS AMT    COPAY AMT       PAID AMT
                                         FROM    TO         ALLOWED AMT     SPENDDOWN AMT   CO-INS CB       OUTPAT DED

MEMBER NAME: JONOLA RACER                    MEMBER NO.: 0077008800
1009XXXXXX093  ABC123                     100308 100308        (23.10)          (0.00)        (0.00)           (0.84)
                                                               (0.84)          (0.00)        (0.00)          (0.00)
5909XXXXXX300  ABC123                     100308 100308         23.10            0.00          0.00             8.57
                                                                8.57            0.00          0.00             0.00

ADJUSTMENT EOB:  8000

                     SERVICE DATES ALLW UNITS RENDERING PROVIDER       PA NUMBER
PROC CD  MODIFERS    FROM   TO     COPAY AMT  BILLED AMT   ALLOWED AMT  PAID AMT     DETAIL EOBS
 S9484  U7           100308 100308    0.30    MCD 12345678                           9918
                                         0.00        23.10         8.57        8.57
                                                                            ADDITIONAL PAYMENT                        7.73

  --ICN--        PCN          MRN        SERVICE DATES      BILLED AMT       OTH INS AMT    COPAY AMT       PAID AMT
                                         FROM    TO         ALLOWED AMT     SPENDDOWN AMT   CO-INS CB       OUTPAT DED

MEMBER NAME: LALOFAU ZAM                    MEMBER NO.: 0088009900
1009XXXXXX010  XYZ789                     052009 052909       (172.80)          (0.00)        (0.00)          (79.71)
                                                              (79.71)          (0.00)        (0.00)          (0.00)
5909XXXXXX846  XYZ789                     052009 052909        172.80            0.00          0.00            85.64
                                                               85.64            0.00          0.00             0.00

ADJUSTMENT EOB:  8000

                     SERVICE DATES ALLW UNITS RENDERING PROVIDER       PA NUMBER
PROC CD  MODIFERS    FROM   TO     COPAY AMT  BILLED AMT   ALLOWED AMT  PAID AMT     DETAIL EOBS
 S9484  HO           052009 052009    1.50    MCD 12345678                           9918
                                         0.00       162.00        80.29       80.29
 S9484  HO           052909 052909    0.10    MCD 12345678                           9918
                                         0.00        10.80         5.35        5.35
                                                                            ADDITIONAL PAYMENT                        5.93

              TOTAL PROFESSIONAL SERVICE CLAIMS ADJ:                0.00           0.00          0.00          13.66
                                                                   13.66           0.00          0.00           0.00
TOTAL NO. ADJ:        2
```

Remittance Advice - FINANCIAL TRANSACTIONS, initial AR setup

REPORT: CRA-TRAN-R
RA#: 1111111
PAYER: TXIX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 10/09/2009
PAGE: 19

Medical Provider #1
D101 Road
Cabbage, WI 00123-1234

PAYEE ID 12345678 MCD
NPI 1122334455
CHECK/EFT NUMBER 393939393
PAYMENT DATE 10/13/2009

---------------NON-CLAIM SPECIFIC PAYOUTS TO PAYEE---------------

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM	THRU

NO NON-CLAIM SPECIFIC PAYOUTS TO PAYEE

--------------NON-CLAIM SPECIFIC REFUNDS FROM PAYEE--------------

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK NUMBER	RECEIPT DATE

NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE

-----------------------ACCOUNTS RECEIVABLE-----------------------

A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
0000xxxxx1881	100909	.84	0.84	0.00	8400	5909XXXXXX300	1009XXXXXX093	0.84
0000xxxxx1882	100909	79.71	79.71	0.00	8400	5909XXXXXX846	1009XXXXXX010	79.71
	TOTAL RECOUPMENT		80.55					80.55

Remittance Advice – SUMMARY 2

REPORT: CRA-SUMM-R
RA#: 6666666
PAYER: TXIX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
SUMMARY

DATE: 10/09/2009
PAGE: 123

Medical Provider #1
D101 Road
Cabbage, WI 00123-1234

PAYEE ID 12345678 MCD
NPI 1122334455
CHECK/EFT NUMBER 393939393
PAYMENT DATE 10/13/2009

---CLAIMS DATA---

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	0	0.00	0	0.00	10	750.00
CLAIM ADJUSTMENTS	2	94.21	2	94.21	2	94.21
TOTAL CLAIMS PAYMENTS	0	0.00	0	0.00	12	844.21
CLAIMS DENIED	0		0			
CLAIMS IN PROCESS+	0	0.00				

---EARNINGS DATA---

	CURRENT	MONTH-TO-DATE	YEAR-TO-DATE
PAYMENTS:			
CLAIMS PAYMENTS	94.21	94.21	844.21
CAPITATION PAYMENT	0.00	0.00	0.00
NURSE AID REIMBURSEMENTS	0.00	0.00	0.00
LEVEL ONE REIMBURSEMENTS	0.00	0.00	0.00
PAYOUTS	0.00	0.00	0.00
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE	(80.55)	(80.55)	(80.55)
OUTSTANDING FROM PREVIOUS CYCLES	(0.00)	(0.00)	(0.00)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
REFUNDS:			
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)	(0.00)
NON CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)	(0.00
OTHER FINANCIAL:			
VOIDS	(0.00)	(0.00)	(0.00)
NET PAYMENT	13.66	13.66	763.66
NET EARNINGS	13.66	13.66	763.66

Remittance Advice - CLAIM ADJUSTMENTS, overpayment to be withheld

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REPORT:    CRA-XBAD-R                              FORWARDHEALTH INTERCHANGE                                    DATE:   08/28/2009
   RA#:    1111111                                  WISCONSIN FORWARDHEALTH                                     PAGE:            8
 PAYER:    TXIX                                    PROVIDER REMITTANCE ADVICE
                                          MEDICARE CROSSOVER PROFESSIONAL SERVICE CLAIM ADJUSTMENTS

Medical Provider #1                                                                                     PAYEE ID      12345678    MCD
D101 Road                                                                                               NPI                1122334455
Cabbage, WI 00123-1234                                                                                  CHECK/EFT NUMBER    000000000
                                                                                                        PAYMENT DATE       08/31/2009
                                                |-M  E  D  I  C  A  R  E   A M T S-|
    --ICN--         PCN        SERVICE DATES    COPAY AMT  ALLOWED AMT  PSYCH CO-INS      BILLED     COPAY AMT  OUTPAT DED    PAID AMT
                    MRN        FROM    TO       PAID AMT     DEDUCT        CO-INS     OTH INS AMT   SPENDDOWN  CO-INS CB

MEMBER NAME: AFFANITA CALVER                      MEMBER NO.: 0011002200
 2009xxxxxx187  55555         041309 041309         (0.00)       (53.16)      (19.93)       (107.50)      (0.00)      (0.00)        (49.14)
                                                    (0.00)       (33.23)       (0.00)         (0.00)      (0.00)      (0.00)

 5909xxxxxx555  55555         041309 041309          0.00         53.16        19.93         107.50        0.00        0.00           0.00
                                                     0.00         33.23         0.00           0.00        0.00        0.00
ADJUSTMENT EOB:  8515

HEADER EOBS:  8188


                 MODIFIERS   SER DT FROM TO RENDERING PROV    ALLW UNITS PA NUMBER
 REV CD PROC CD  COPAY AMT   SPENDDOWN AMT  BILLED AMT     ALLOWED AMT   PAID AMOUNT DETAIL EOBS
    0   90862                041309 041309  MCD 12345678          1.00              9906 9918
                        0.00          0.00          107.50         0.00          0.00
                                                                           OVERPAYMENT TO BE WITHHELD                         49.14

                                                |-M  E  D  I  C  A  R  E   A M T S-|
    --ICN--         PCN        SERVICE DATES    COPAY AMT  ALLOWED AMT  PSYCH CO-INS      BILLED     COPAY AMT  OUTPAT DED    PAID AMT
                    MRN        FROM    TO       PAID AMT     DEDUCT        CO-INS     OTH INS AMT   SPENDDOWN  CO-INS CB

MEMBER NAME: DALIS CALVER                        MEMBER NO.: 0033004400
 2009xxxxxx203  88888         040809 040809         (0.00)       (53.16)      (19.93)        (86.00)      (0.00)      (0.00)        (49.14)
                                                    (0.00)       (33.23)       (0.00)         (0.00)      (0.00)      (0.00)

 5909xxxxxx610  88888         040809 040809          0.00         53.16        19.93          86.00        0.00        0.00           0.00
                                                     0.00         33.23         0.00           0.00        0.00        0.00
ADJUSTMENT EOB:  8515

HEADER EOBS:  8188


                 MODIFIERS   SER DT FROM TO RENDERING PROV    ALLW UNITS PA NUMBER
 REV CD PROC CD  COPAY AMT   SPENDDOWN AMT  BILLED AMT     ALLOWED AMT   PAID AMOUNT DETAIL EOBS
    0   90862                040809 040809  MCD 12345678          1.00              9906 9918
                        0.00          0.00           86.00         0.00          0.00
                                                                           OVERPAYMENT TO BE WITHHELD                         49.14
```

Remittance Advice - FINANCIAL TRANSACTIONS, initial AR setup

REPORT: CRA-TRAN-R
RA#: 1111111
PAYER: TXIX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 08/28/2009
PAGE: 19

Medical Provider #1
D101 Road
Cabbage, WI 00123-1234

PAYEE ID 12345678 MCD
NPI 1122334455
CHECK/EFT NUMBER 000000000
PAYMENT DATE 08/31/2009

---------------NON-CLAIM SPECIFIC PAYOUTS TO PAYEE---------------

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM	THRU

NO NON-CLAIM SPECIFIC PAYOUTS TO PAYEE

--------------NON-CLAIM SPECIFIC REFUNDS FROM PAYEE--------------

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK NUMBER	RECEIPT DATE

NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE

-----------------------ACCOUNTS RECEIVABLE-----------------------

A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
0000xxxxx2790	082809	49.14	0.00	49.14	8400	5909xxxxxx376	2009xxxxxx221	0.00
0000xxxxx2792	082809	49.14	0.00	49.14	8400	5909xxxxxx464	2009xxxxxx185	0.00
0000xxxxx2797	082809	49.14	0.00	49.14	8400	5909xxxxxx555	2009xxxxxx187	0.00
0000xxxxx2798	082809	49.14	0.00	49.14	8400	5909xxxxxx610	2009xxxxxx203	0.00
	TOTAL RECOUPMENT		0.00					0.00

Remittance Advice – FINANCIAL TRANSACTIONS, first AR withholdings

REPORT: CRA-TRAN-R
RA#: 2222222
PAYER: TXIX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 10/23/2009
PAGE: 17

Medical Provider #1
D101 Road
Cabbage, WI 00123-1234

PAYEE ID 12345678 MCD
NPI 1122334455
CHECK/EFT NUMBER 000000000
PAYMENT DATE 10/26/2009

---------------NON-CLAIM SPECIFIC PAYOUTS TO PAYEE---------------

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM	SERVICE DATE THRU

NO NON-CLAIM SPECIFIC PAYOUTS TO PAYEE

--------------NON-CLAIM SPECIFIC REFUNDS FROM PAYEE--------------

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK NUMBER	RECEIPT DATE

NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE

-----------------------ACCOUNTS RECEIVABLE-----------------------

A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
0000xxxxx2790	082809	49.14	49.14	0.00	8400	5909xxxxxx376	2009xxxxxx221	49.14
0000xxxxx2792	082809	49.14	49.14	0.00	8400	5909xxxxxx464	2009xxxxxx185	49.14
0000xxxxx2797	082809	49.14	49.14	0.00	8400	5909xxxxxx555	2009xxxxxx187	49.14
0000xxxxx2798	082809	49.14	12.73	36.41	8400	5909xxxxxx610	2009xxxxxx203	12.73
TOTAL RECOUPMENT			160.15					160.15

Remittance Advice - FINANCIAL TRANSACTIONS, final AR withholdings

REPORT: CRA-TRAN-R
RA#: 3333333
PAYER: TXIX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
FINANCIAL TRANSACTIONS

DATE: 10/30/2009
PAGE: 39

Medical Provider #1
D101 Road
Cabbage, WI 00123-1234

PAYEE ID 12345678 MCD
NPI 1122334455
CHECK/EFT NUMBER 000000000
PAYMENT DATE 11/02/2009

---------------NON-CLAIM SPECIFIC PAYOUTS TO PAYEE---------------

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM	SERVICE DATE THRU

NO NON-CLAIM SPECIFIC PAYOUTS TO PAYEE

--------------NON-CLAIM SPECIFIC REFUNDS FROM PAYEE--------------

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK NUMBER	RECEIPT DATE

NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE

-----------------------ACCOUNTS RECEIVABLE-----------------------

A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
0000XXXXX4064	103009	10.08	0.00	10.08	8400	5909XXXXXX234	2009XXXXXX363	0.00
0000XXXXX4075	103009	10.08	0.00	10.08	8400	5909XXXXXX435	2009XXXXXX217	0.00
0000XXXXX4068	103009	10.08	0.00	10.08	8400	5909XXXXXX566	2009XXXXXX222	0.00
0000XXXXX4071	103009	23.13	0.00	23.13	8400	5909XXXXXX908	2009XXXXXX229	0.00
0000XXXXX4256	103009	49.14	0.00	49.14	8400	5909XXXXXX499	2009XXXXXX977	0.00
0000XXXXX4259	103009	49.14	0.00	49.14	8400	5909XXXXXX765	2009XXXXXX981	0.00
0000XXXXX4239	103009	20.16	0.00	20.16	8400	5909XXXXXX776	2009XXXXXX892	0.00
0000XXXXX4254	103009	10.08	10.08	10.08	8400	5909XXXXXX893	2009XXXXXX908	10.08
0000xxxxx2798	082809	49.14	49.14	0.00	8400	5909xxxxxx610	2009xxxxxx203	36.41
0000XXXXX2800	082809	49.14	39.48	9.66	8400	5909XXXXXX686	2009XXXXXX712	39.48
	TOTAL RECOUPMENT		98.70					85.97

Remittance Advice – SUMMARY

REPORT: CRA-SUMM-R
RA#: 3333333
PAYER: TXIX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
SUMMARY

DATE: 10/30/2009
PAGE: 40

Medical Provider #1
D101 Road
Cabbage, WI 00123-1234

PAYEE ID 12345678 MCD
NPI 1122334455
CHECK/EFT NUMBER 000000000
PAYMENT DATE 11/02/2009

----------CLAIMS DATA----------

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	64	85.97	114	581.82	793	11,339.50
CLAIM ADJUSTMENTS	17	0.00	68	0.00	302	0.00
TOTAL CLAIMS PAYMENTS	81	85.97	182	581.82	1,095	11,339.50
CLAIMS DENIED	22		46		365	
CLAIMS IN PROCESS+	0	0.00				

----------EARNINGS DATA----------

PAYMENTS:			
CLAIMS PAYMENTS	85.97	581.82	11,339.50
CAPITATION PAYMENT	0.00	0.00	0.00
NURSE AID REIMBURSEMENTS	0.00	0.00	0.00
LEVEL ONE REIMBURSEMENTS	0.00	0.00	0.00
PAYOUTS	0.00	0.00	8,486.85
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE	(10.08)	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES	(75.89)	(581.82)	(7,932.56)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
REFUNDS:			
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)	(0.00)
NON CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)	(0.00)
OTHER FINANCIAL:			
VOIDS	(0.00)	(0.00)	(0.00)
NET PAYMENT	0.00	0.00	11,893.79
NET EARNINGS	0.00	0.00	11,893.79

Remittance Advice – SUMMARY 2

REPORT: CRA-SUMM-R	FORWARDHEALTH INTERCHANGE	DATE: 09/11/2009
RA#: 6666666	WISCONSIN FORWARDHEALTH	PAGE: 123
PAYER: TXIX	PROVIDER REMITTANCE ADVICE	
	SUMMARY	

Medical Provider #1
D101 Road
Cabbage, WI 00123-1234

PAYEE ID 12345678 MCD
NPI 1122334455
CHECK/EFT NUMBER 998877665
PAYMENT DATE 09/15/2009

-----CLAIMS DATA-----

	CURRENT NUMBER	CURRENT AMOUNT	MONTH-TO-DATE NUMBER	MONTH-TO-DATE AMOUNT	YEAR-TO-DATE NUMBER	YEAR-TO-DATE AMOUNT
CLAIMS PAID	128	213,027.39	262	526,319.22	5,057	10,274,320.94
CLAIM ADJUSTMENTS	2	0.00	7	0.00	2,165	2,507,650.06
TOTAL CLAIMS PAYMENTS	130	213,027.39	269	526,319.22	7,222	12,781,971.00
CLAIMS DENIED	31		41		899	
CLAIMS IN PROCESS+	0	0.00				

-----EARNINGS DATA-----

	CURRENT	MONTH-TO-DATE	YEAR-TO-DATE
PAYMENTS:			
CLAIMS PAYMENTS	213,027.39	526,319.22	12,781,971.00
CAPITATION PAYMENT	0.00	0.00	0.00
NURSE AID REIMBURSEMENTS	0.00	0.00	0.00
LEVEL ONE REIMBURSEMENTS	0.00	0.00	0.00
PAYOUTS	515.21	515.21	1,192,836.93
ACCOUNTS RECEIVABLE:			
CLAIM SPECIFIC:			
CURRENT CYCLE	(0.00)	(0.00)	(0.00)
OUTSTANDING FROM PREVIOUS CYCLES	(60.56)	(9,084.25)	(2,783,981.50)
NON-CLAIM SPECIFIC	(0.00)	(0.00)	(0.00)
REFUNDS:			
CLAIM SPECIFIC ADJUSTMENT REFUNDS	(0.00)	(0.00)	(0.00)
NON CLAIM SPECIFIC REFUNDS	(0.00)	(0.00)	7.05
OTHER FINANCIAL:			
VOIDS	(0.00)	(0.00)	(0.00)
NET PAYMENT	213,482.04	517,750.18	11,190,826.43
NET EARNINGS	213,482.04	517,750.18	11,190,833.48

Remittance Advice – NON-MEDICARE CROSSOVER CLAIMS SECTION TOTAL and COPAY WITHHOLDING

REPORT: CRA-OPPD-R
RA#: 4444444
PAYER: TXIX

FORWARDHEALTH INTERCHANGE
WISCONSIN FORWARDHEALTH
PROVIDER REMITTANCE ADVICE
OUTPATIENT CLAIMS PAID

DATE: 11/06/2009
PAGE: 143

Medical Provider #1
D101 Road
Cabbage, WI 00123-1234

PAYEE ID 12345678 MCD
NPI 1122334455
CHECK/EFT NUMBER 000000000
PAYMENT DATE 11/09/2009

2009303029557	FAB28779	M00132043	102009 102009	2,254.19	0.00	3.00	314.00
				104.00	0.00	0.00	0.00

REV CD	PROC CD	MODIFIERS COPAY AMT	SERVICE DT BILLED AMT	ALLW UNITS ALLOWED AMT	PA NUMBER PAID AMOUNT	DETAIL EOBS
250			102009	2.00		9001 9801 9816
		3.00	11.30	104.00	314.00	
258			102009	1.00		9801
		0.00	23.19	0.00	0.00	
270			102009	1.00		9801
		0.00	38.70	0.00	0.00	
360	45378		102009	1.00		9801
		0.00	2,176.80	0.00	0.00	
636	J2550		102009	1.00		9801
		0.00	4.20	0.00	0.00	

EOB 9001 "Pricing Adjustment – payment reduced by the member's copay amount."

→

--ICN--	PCN	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	OTH INS AMT SPENDDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPAT DED

MEMBER NAME: REYENE ZENAB MEMBER NO.: 00770088

2009xxxxxx564	F5555555	M12345678	102109 102109	15.40	0.00	0.00	7.00
				4.00	.00	.00	.00

REV CD	PROC CD	MODIFIERS COPAY AMT	SERVICE DT BILLED AMT	ALLW UNITS ALLOWED AMT	PA NUM PAID A T	DETAIL EOB
450	99282		102109	1.00		9801 981
		0.00	215.40	104.00	3 .00	

TOTAL OUTPATIENT CLAIMS PAID:	141,069.77	3,331.47	117.00	39,181.00
	13,728.00	104.00	0.00	0.00

TOTAL NO. PAID: 126

Using the CSV File

Downloading CSV file

- Formats include:
  - Microsoft Office Excel.
  - Microsoft Office Access.
  - OpenOffice 2.2.1 — free software program available.
- Free spreadsheet applications can be found at:
  - Google Docs.
  - ZDNet.
  - Other software applications may be available.

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Wisconsin serving you

Using the CSV File (cont.)

Choose Download RA and the 10 most recent RAs will display.

Choose sections to download, including:

All	Summary	Medicare crossovers — Institutional
Payment	Inpatient claims	Compound drug claims
Payment hold	Outpatient claims	Drug claims
Service codes	Professional claims	Dental claims
Financial transactions	Medicare crossovers — Professional	Long term care claims

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Wisconsin serving you

Download RA - Microsoft Internet Explorer provided by EDS COE

https://192.57.192.179/WIPortal/Remittance%20Advices/Download%20RA/tabid/245/Default.aspx

Certificate Error

aspirus wausau outpatient threapy

CTMS Information | Display | Download RA

Page | Tools

You are logged in with NPI: 1548345150, Taxonomy Number: 282N00000X, Zip Code: 53818 - 1264, Financial Payer: Medicaid

Search

Remittance Advices » Download RA

Download RA

ForwardHealth offers the 10 latest Remittance Advices (RAs) for download in a Comma-Separated-Values (CSV) format. Users have the option to download the full RA or to select specific sections to include in the CSV file.

To download an RA in CSV format:

- Select an RA to download from the list below
- Select "All" to download the full RA
  -or-
  Select the specific RA section you would like included in the file
- Click submit and save (or open) the CSV.

Remittance Advices

RA Number	RA Date	Check/EFT Number	Banner Messages
340357	09/17/2010	000052911	
340352	09/15/2010	000000000	
340346	09/14/2010	000052904	
340338	09/13/2010	000052899	
340331	09/10/2010	000052893	
340321	09/08/2010	000000000	
340284	09/07/2010	000052858	
340271	09/03/2010	000052846	
340264	09/02/2010	000052842	

Select an RA section to download:

☑ All	☐ Summary	☐ Medicare Crossover - Professional Claims
☐ Payment	☐ Inpatient Claims	☐ Medicare Crossover - Institutional Claims
☐ Payment Hold	☐ Outpatient Claims	☐ Compound Drug Claims
☐ Service Codes	☐ Professional Service Claims	☐ Drug Claims
☐ Financial Transactions	☐ Long Term Care Claims	☐ Dental Claims

Submit | Cancel

Quick Links

- Electronic RA User Guide
- CSV File User Guide
- EOB Code Descriptions

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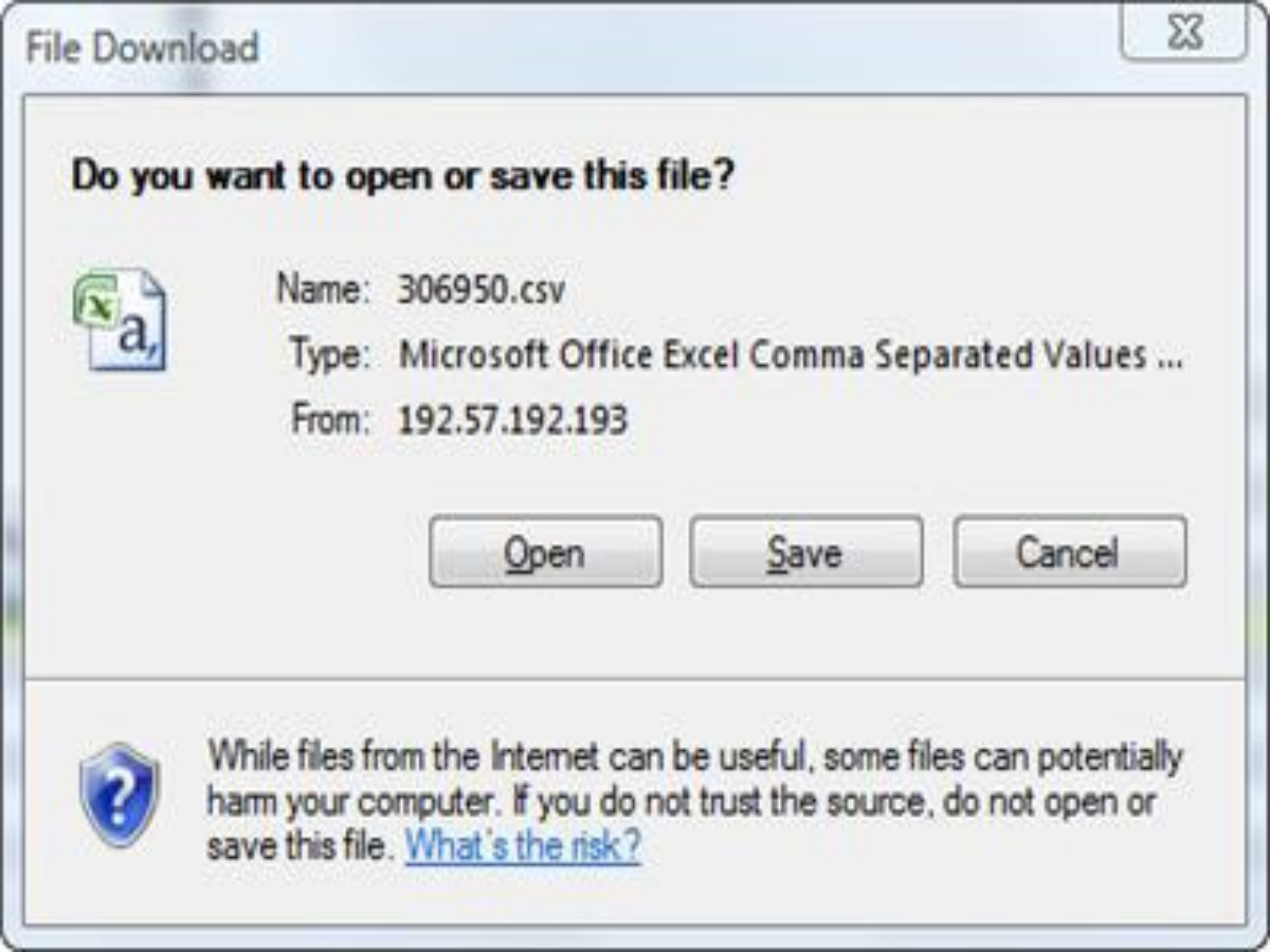
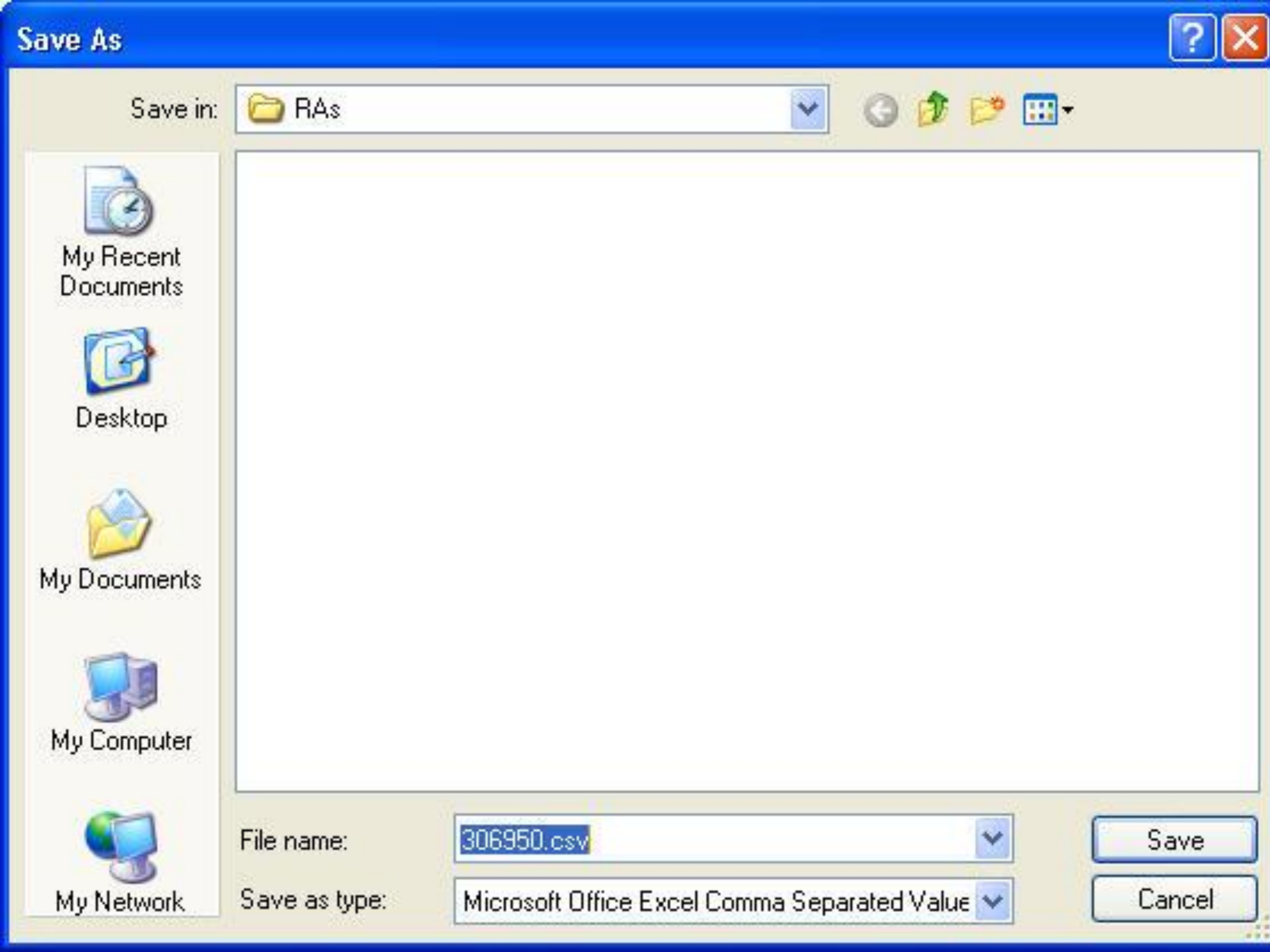
Wisconsin Department of Health Services

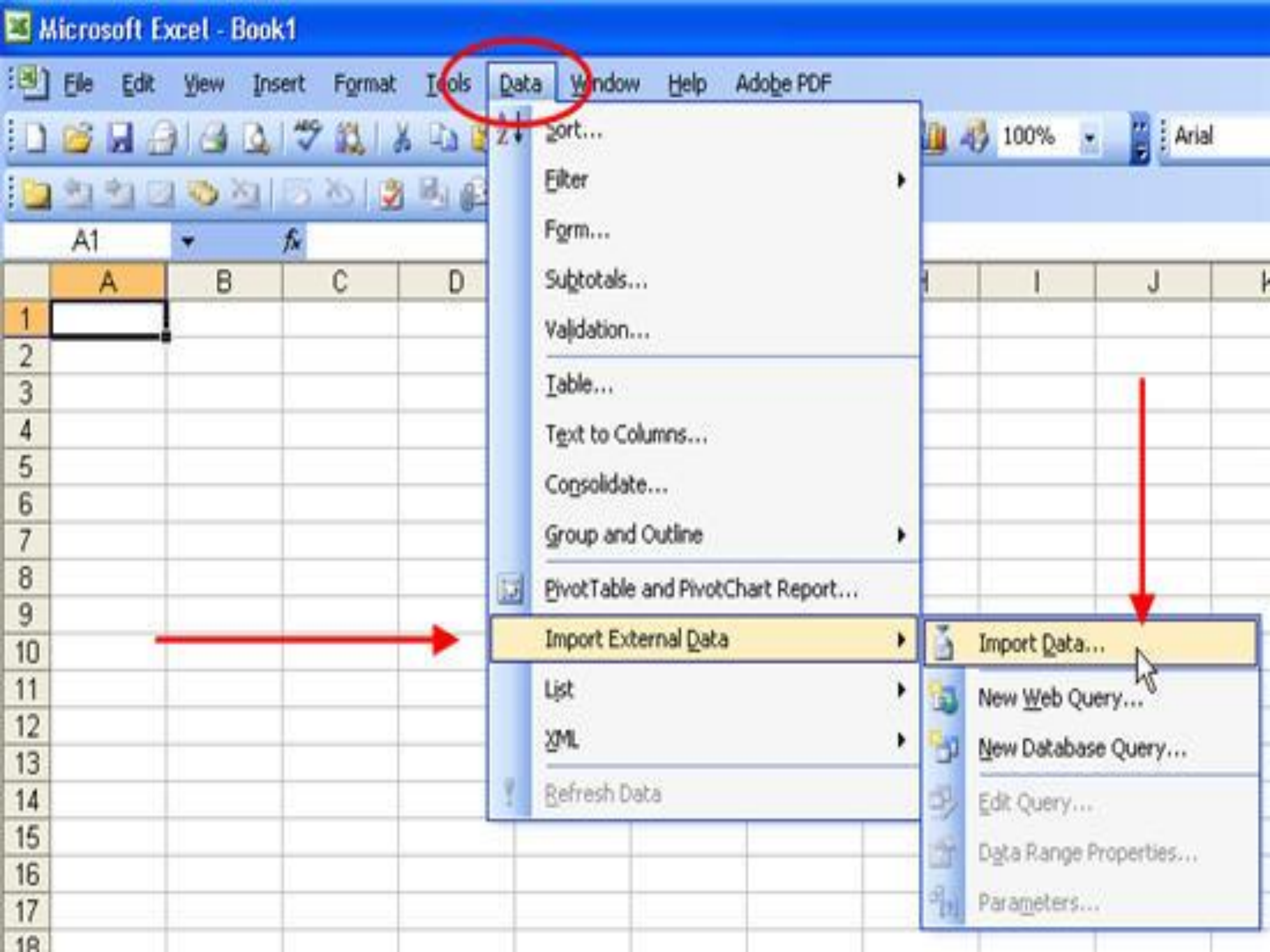
WIPortal UAT UAT_WIPortal_M241A

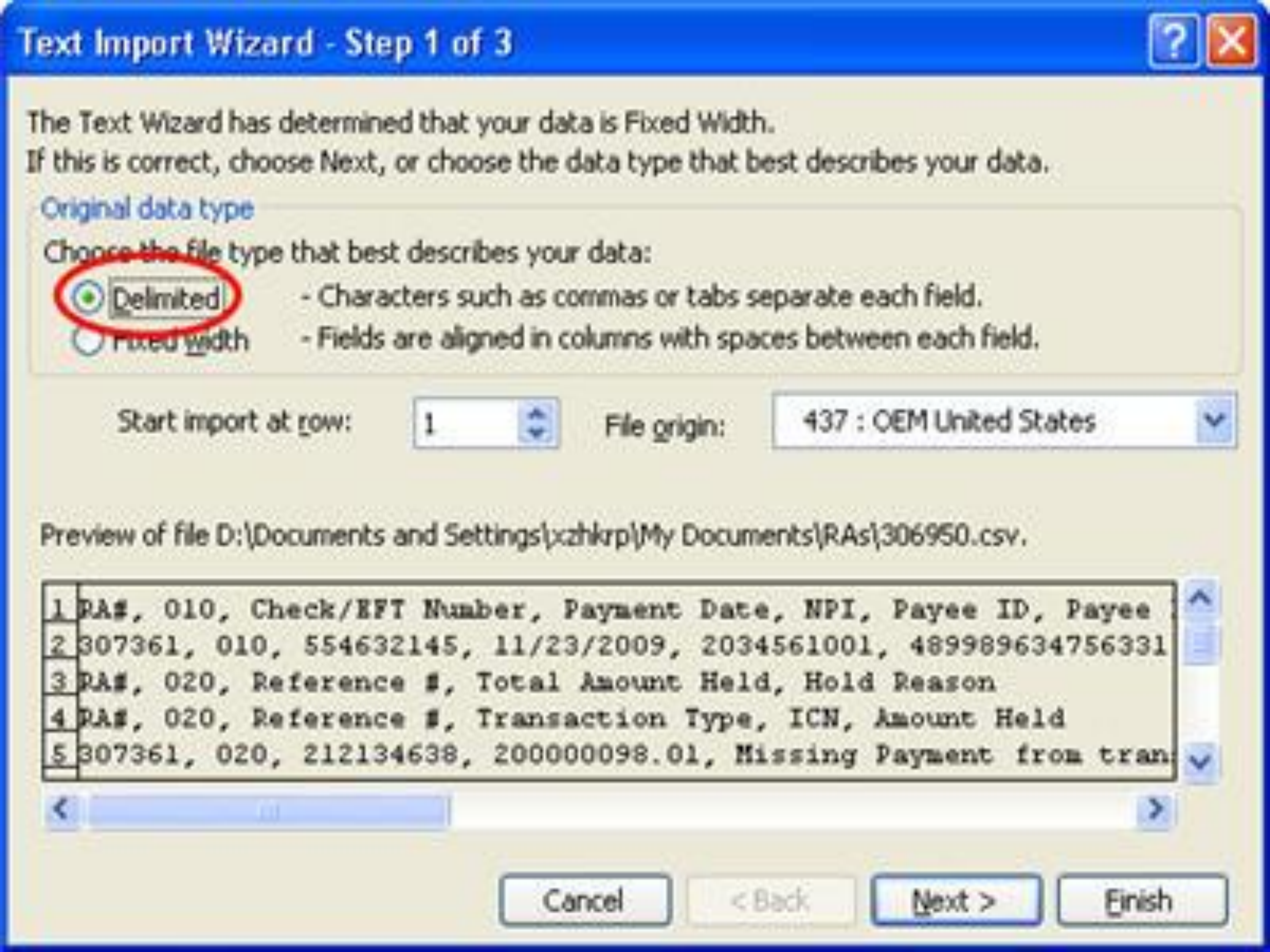
start | 12:19 PM


File Download
Do you want to open or save this file?
Name: 306950.csv
Type: Microsoft Office Excel Comma Separated Values ...
From: 192.57.192.193
Open
Save
Cancel
While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?

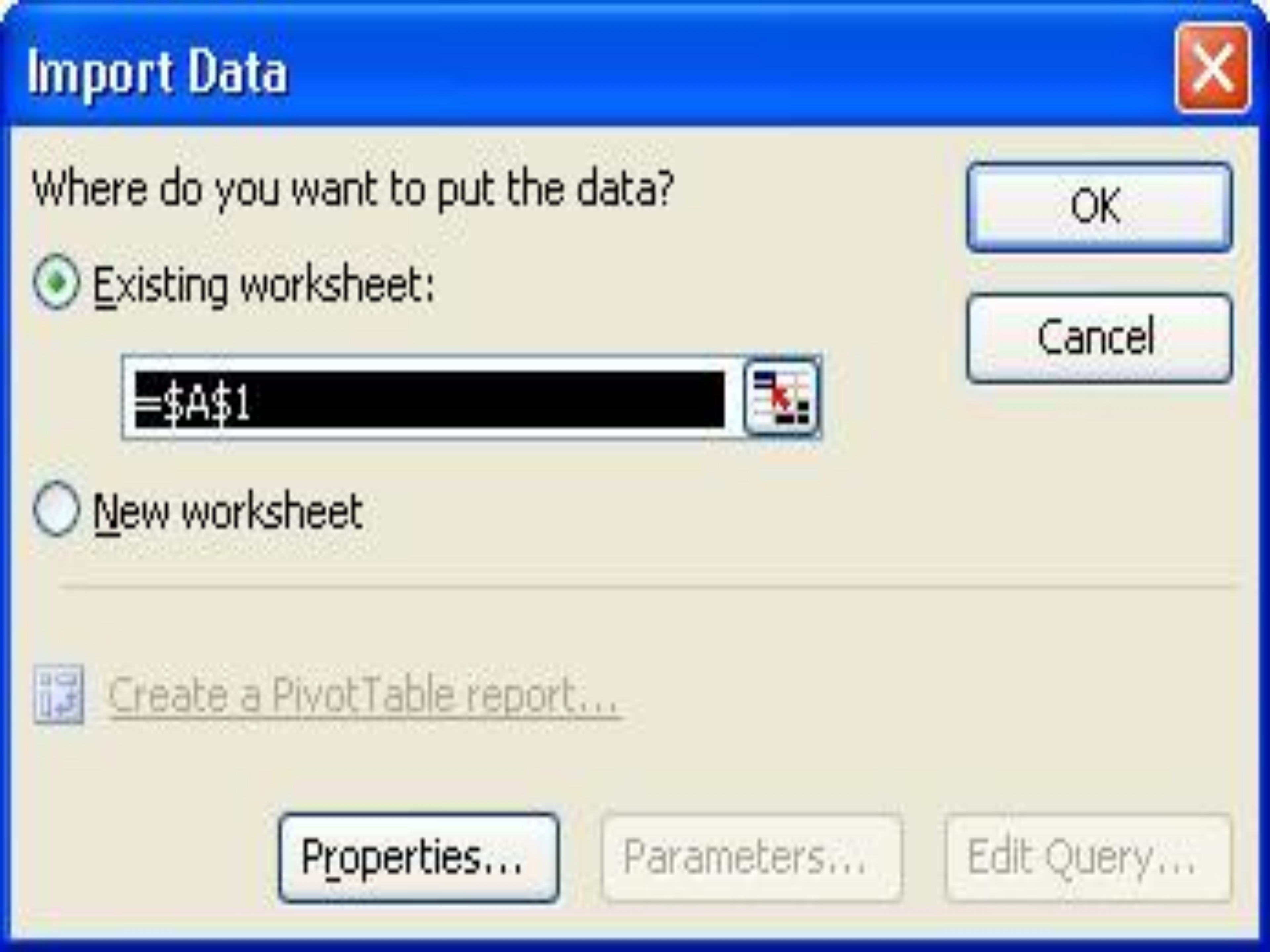

Save As
Save in:
RAs
My Recent Documents
Desktop
My Documents
My Computer
My Network
File name:
306950.csv
Save as type:
Microsoft Office Excel Comma Separated Value
Save
Cancel


Download complete
Download Complete
Saved:
AMBUL_max_fee.txt from www.forwardhealth.wi.gov
Downloaded: 2.62 KB in 1 sec
Download to: D:\Documents a...\AMBUL_max_fee.txt
Transfer rate: 2.62 KB/Sec
Close this dialog box when download completes
Open
Open Folder
Close


Microsoft Excel - Book1
File
Edit
View
Insert
Format
Tools
Data
Window
Help
Adobe PDF
100%
Arial
A1
Sort...
Filter
Form...
Subtotals...
Validation...
Table...
Text to Columns...
Consolidate...
Group and Outline
PivotTable and PivotChart Report...
Import External Data
List
XML
Refresh Data
Import Data...
New Web Query...
New Database Query...
Edit Query...
Data Range Properties...
Parameters...


Text Import Wizard - Step 1 of 3
The Text Wizard has determined that your data is Fixed Width.
If this is correct, choose Next, or choose the data type that best describes your data.
Original data type
Choose the file type that best describes your data:
Delimited - Characters such as commas or tabs separate each field.
Fixed width - Fields are aligned in columns with spaces between each field.
Start import at row: 1
File origin: 437 : OEM United States
Preview of file D:\Documents and Settings\xzhkrp\My Documents\RAs\306950.csv.
1 RA#, 010, Check/EFT Number, Payment Date, NPI, Payee ID, Payee
2 307361, 010, 554632145, 11/23/2009, 2034561001, 4899896347563310
3 RA#, 020, Reference #, Total Amount Held, Hold Reason
4 RA#, 020, Reference #, Transaction Type, ICN, Amount Held
5 307361, 020, 212134638, 200000098.01, Missing Payment from tran
Cancel
< Back
Next >
Finish

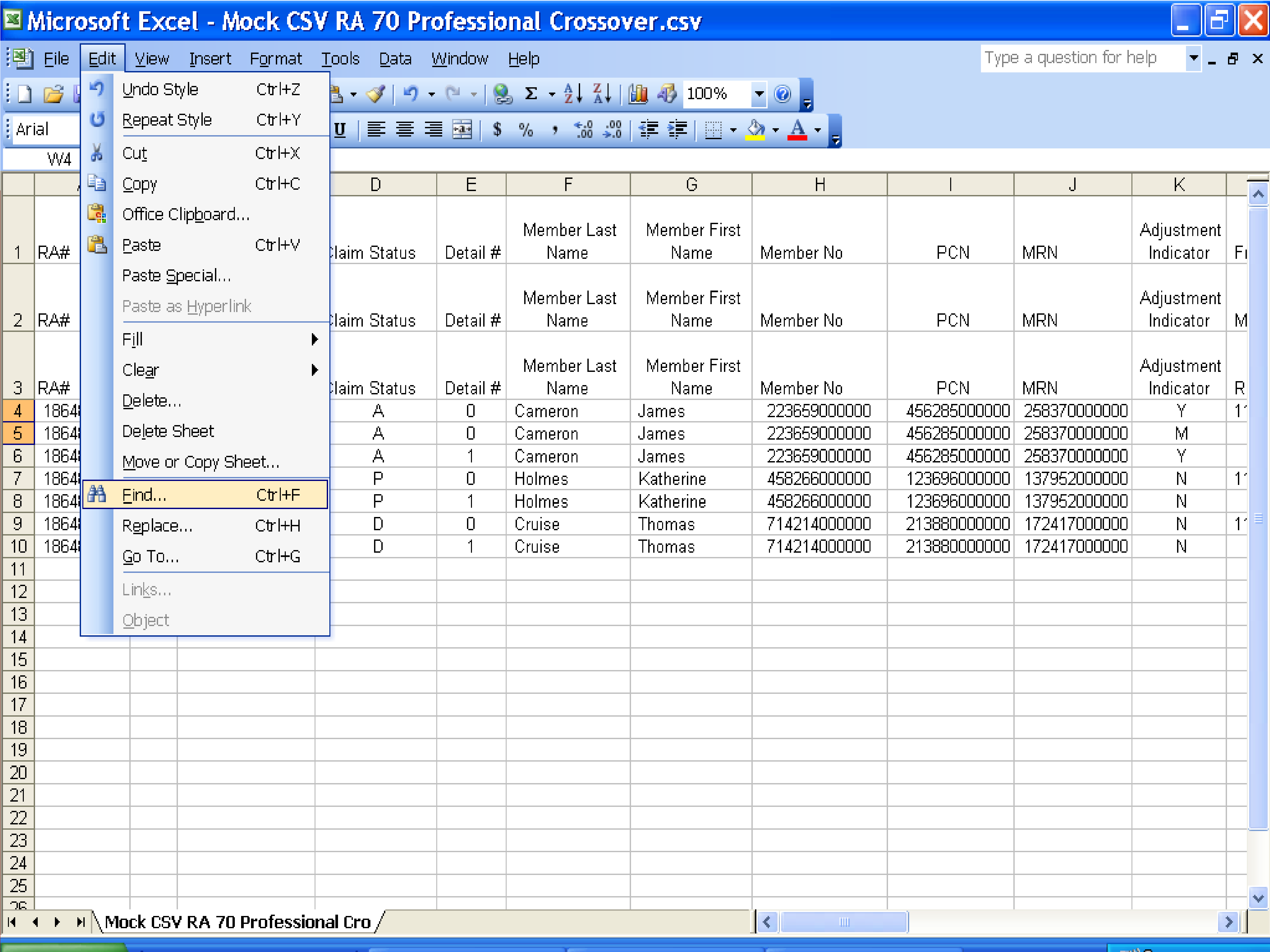

Text Import Wizard - Step 2 of 3
This screen lets you set the delimiters your data contains. You can see how your text is affected in the preview below.
Delimiters
Tab
Semicolon
Comma
Space
Other:
Treat consecutive delimiters as one
Text qualifier:
"
Data preview
RA# 010 Check/EFT Number Payment Date NPI
307361 010 554632145 11/23/2009 2034561001
RA# 020 Reference # Total Amount Held Hold Reason
RA# 020 Reference # Transaction Type ICN
307361 020 212134638 200000098.01 Missing Payment
Cancel
< Back
Next >
Finish

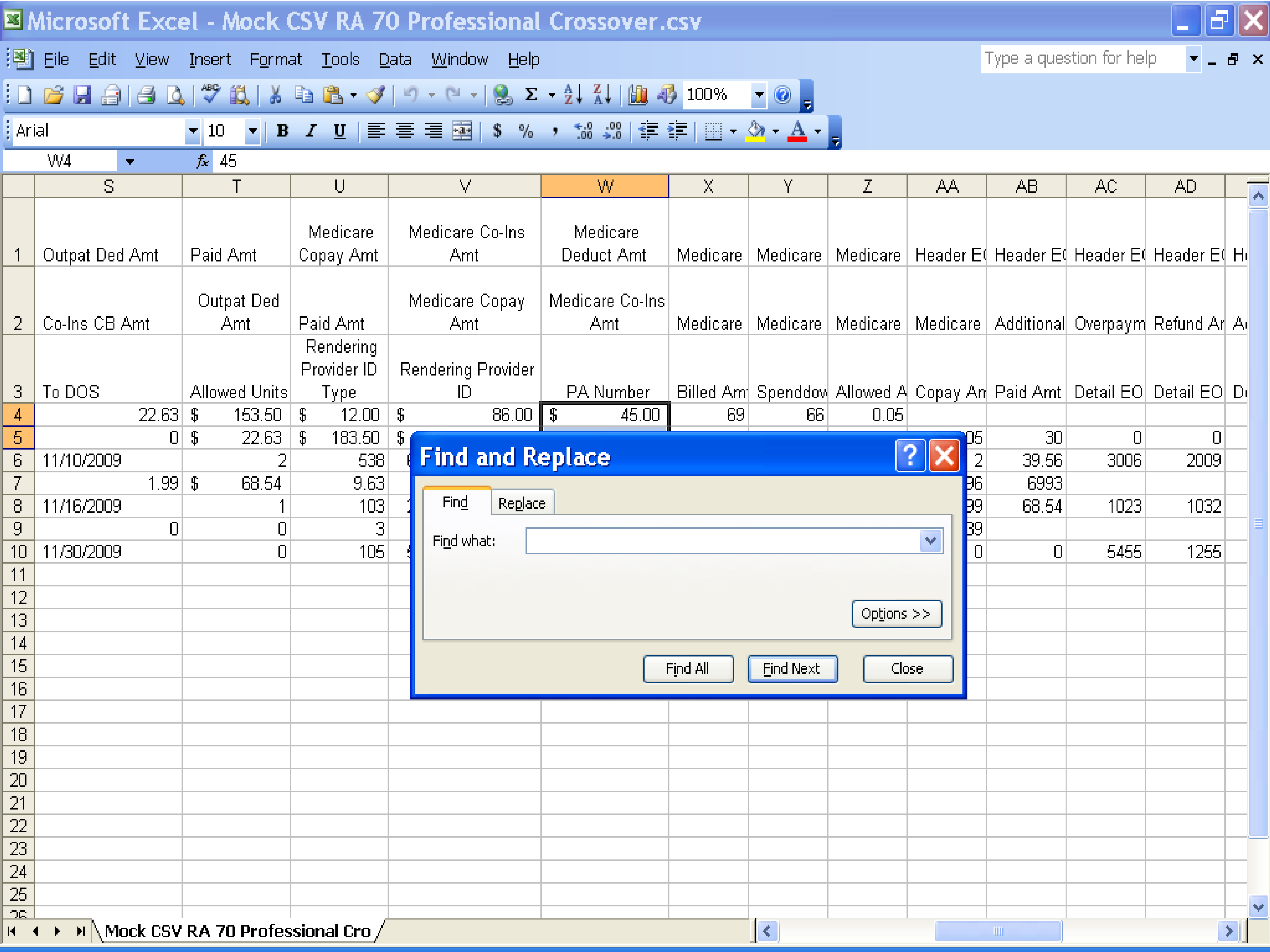

Import Data
Where do you want to put the data?
Existing worksheet:
=A1
New worksheet
Create a PivotTable report...
OK
Cancel
Properties...
Parameters...
Edit Query...

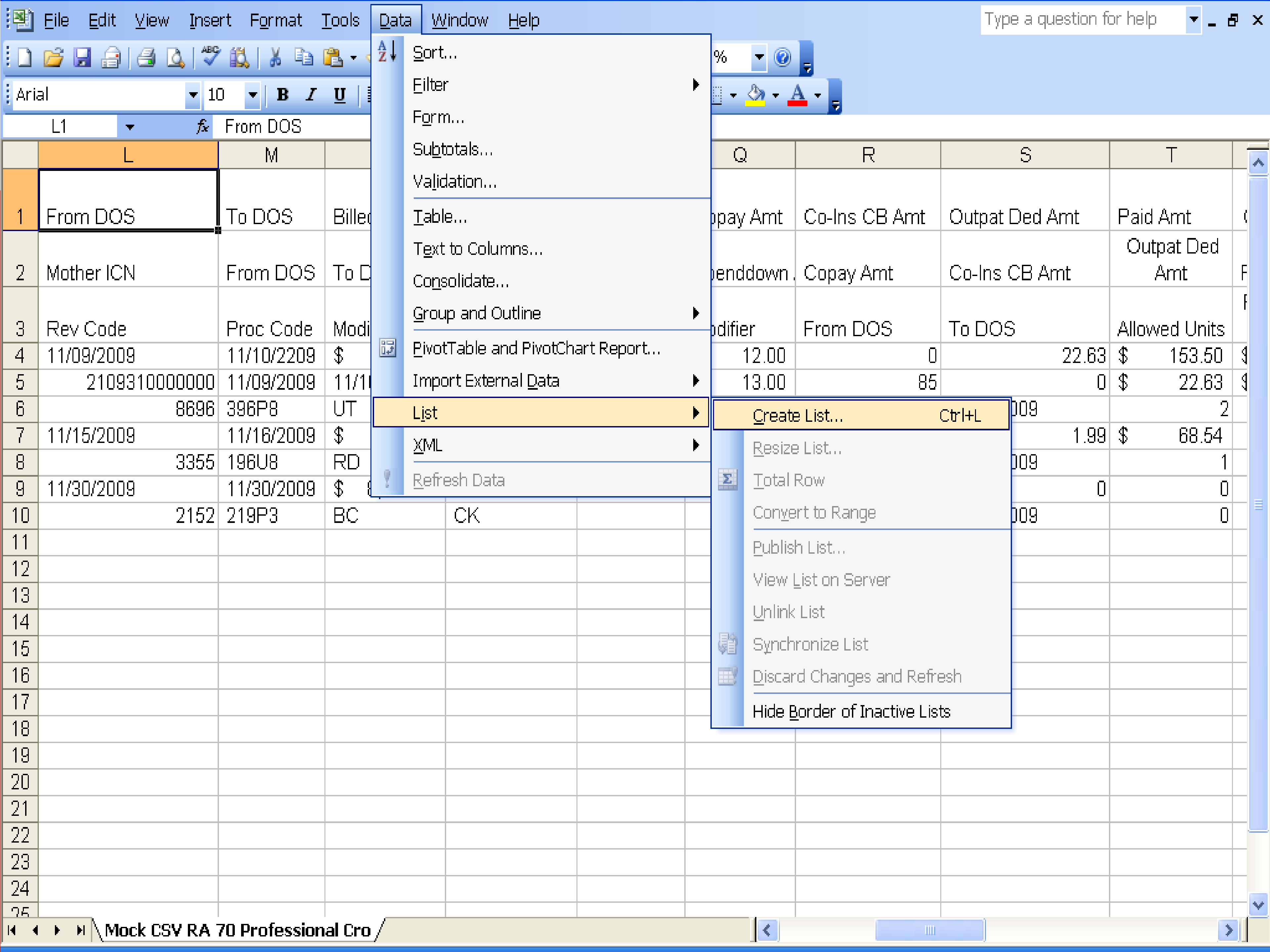
Using the CSV File (cont.)

Most spreadsheets have Edit features

- Find feature to search for specific data (i.e., ICN).
- Manipulating Data.
- Create lists.
- Columns.
- Allows the user to filter information within the columns.


Microsoft Excel - Mock CSV RA 70 Professional Crossover.csv
File Edit View Insert Format Tools Data Window Help
Type a question for help
Undo Style Ctrl+Z
Repeat Style Ctrl+Y
Cut Ctrl+X
Copy Ctrl+C
Office Clipboard...
Paste Ctrl+V
Paste Special...
Paste as Hyperlink
Fill
Clear
Delete...
Delete Sheet
Move or Copy Sheet...
Find... Ctrl+F
Replace... Ctrl+H
Go To... Ctrl+G
Links...
Object
Arial
100%
W4
RA# | Claim Status | Detail # | Member Last Name | Member First Name | Member No | PCN | MRN | Adjustment Indicator
A | 0 | Cameron | James | 223659000000 | 456285000000 | 258370000000 | Y
A | 0 | Cameron | James | 223659000000 | 456285000000 | 258370000000 | M
A | 1 | Cameron | James | 223659000000 | 456285000000 | 258370000000 | Y
P | 0 | Holmes | Katherine | 458266000000 | 123696000000 | 137952000000 | N
P | 1 | Holmes | Katherine | 458266000000 | 123696000000 | 137952000000 | N
D | 0 | Cruise | Thomas | 714214000000 | 213880000000 | 172417000000 | N
D | 1 | Cruise | Thomas | 714214000000 | 213880000000 | 172417000000 | N
Mock CSV RA 70 Professional Cro


Microsoft Excel - Mock CSV RA 70 Professional Crossover.csv
File Edit View Insert Format Tools Data Window Help
Type a question for help
100%
Arial
10
W4
45
S T U V W X Y Z AA AB AC AD
1 Outpat Ded Amt | Paid Amt | Medicare Copay Amt | Medicare Co-Ins Amt | Medicare Deduct Amt | Medicare | Medicare | Medicare | Header E(| Header E(| Header E(| Header E(
2 Co-Ins CB Amt | Outpat Ded Amt | Paid Amt | Medicare Copay Amt | Medicare Co-Ins Amt | Medicare | Medicare | Medicare | Medicare | Additional | Overpaym | Refund Ar
3 To DOS | Allowed Units | Rendering Provider ID Type | Rendering Provider ID | PA Number | Billed Am | Spenddow | Allowed A | Copay An | Paid Amt | Detail EO | Detail EO
4 22.63 | $ 153.50 | $ 12.00 | $ 86.00 | $ 45.00 | 69 | 66 | 0.05
5 0 | $ 22.63 | $ 183.50 | $ | 30 | 0 | 0
6 11/10/2009 | 2 | 538 | 39.56 | 3006 | 2009
7 1.99 | $ 68.54 | 9.63 | 6993
8 11/16/2009 | 1 | 103 | 68.54 | 1023 | 1032
9 0 | 0 | 3
10 11/30/2009 | 0 | 105 | 0 | 5455 | 1255
Find and Replace
Find
Replace
Find what:
Options >>
Find All
Find Next
Close
Mock CSV RA 70 Professional Cro


File Edit View Insert Format Tools Data Window Help
Type a question for help
Arial
10
L1
From DOS
Sort...
Filter
Form...
Subtotals...
Validation...
Table...
Text to Columns...
Consolidate...
Group and Outline
PivotTable and PivotChart Report...
Import External Data
List
XML
Refresh Data
Create List... Ctrl+L
Resize List...
Total Row
Convert to Range
Publish List...
View List on Server
Unlink List
Synchronize List
Discard Changes and Refresh
Hide Border of Inactive Lists
From DOS
To DOS
Mother ICN
From DOS
Rev Code
Proc Code
Co-Ins CB Amt
Outpat Ded Amt
Paid Amt
Copay Amt
Co-Ins CB Amt
Outpat Ded Amt
From DOS
To DOS
Allowed Units
11/09/2009
11/10/2209
2109310000000
11/09/2009
8696
396P8
UT
11/15/2009
11/16/2009
3355
196U8
RD
11/30/2009
11/30/2009
2152
219P3
BC
CK
12.00
13.00
22.63
153.50
85
68.54
Mock CSV RA 70 Professional Cro

File Edit View Insert Format Tools Data Window Help

Type a question for help

114%

Arial 10

H14 fx

	A	B	C	D	E	F	G	H	I
1	RA#	70	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN
2	RA#	70	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN
3	RA#	70	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN
4	186489356	70	5109320000000	A	0	Cameron	James	223659000000	456285000000
5	186489356	70	5109320000000	A	0	Cameron	James	223659000000	456285000000
6	186489356	70	5109320000000	A	1	Cameron	James	223659000000	456285000000
7	186489356	70	2009330000000	P	0	Holmes	Katherine	458266000000	123696000000
8	186489356	70	2009330000000	P	1	Holmes	Katherine	458266000000	123696000000
9	186489356	70	2209310000000	D	0	Cruise	Thomas	714214000000	213880000000
10	186489356	70	2209310000000	D	1	Cruise	Thomas	714214000000	213880000000
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									

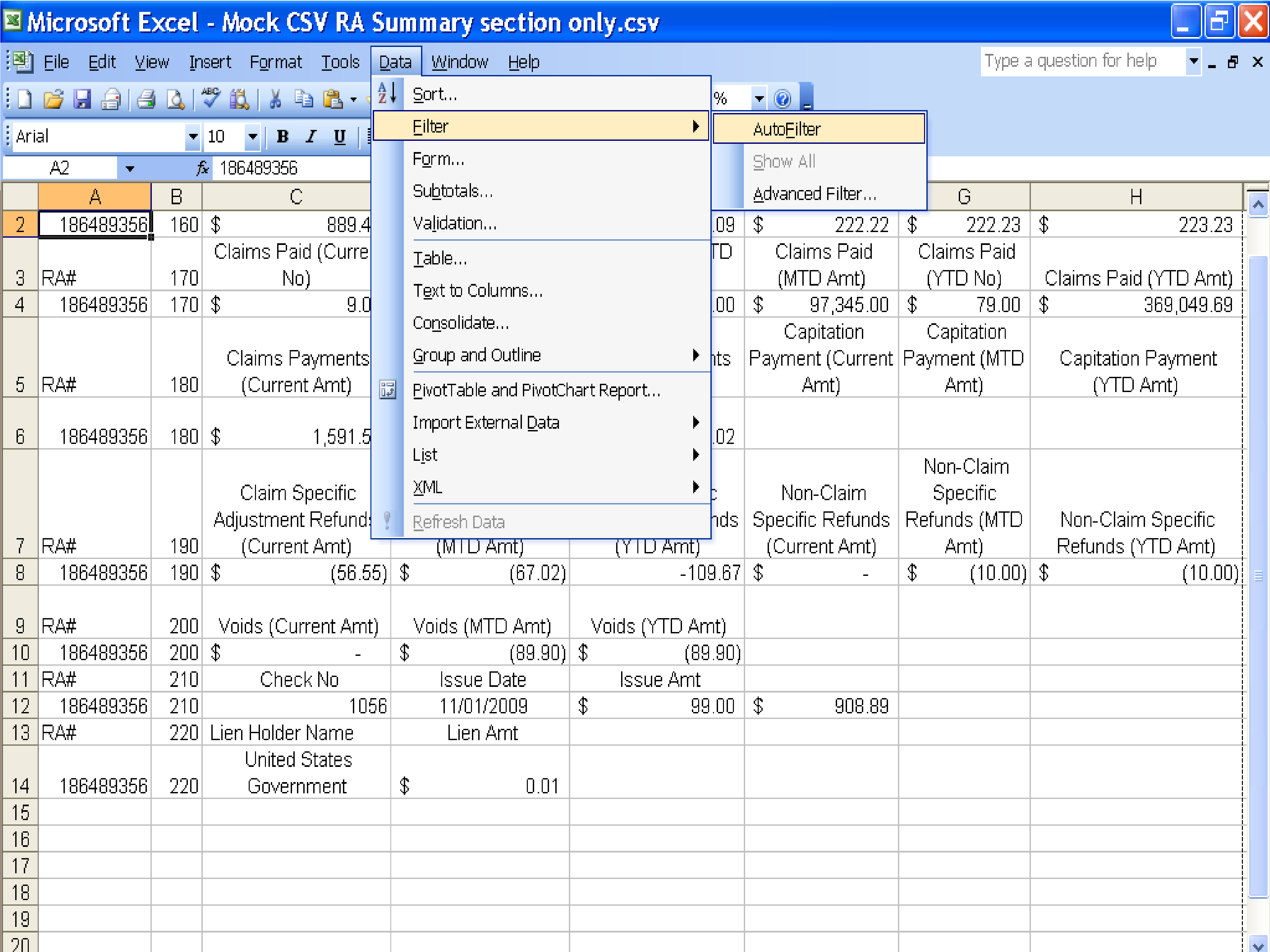
Mock CSV RA 70 Professional Cro

File Edit View Insert Format Tools Data Window Help

A1 RA#

	A	B	C	D	E	F	G	H	I
1	**RA#**	**70**	**ICN**	**Claim Statu**	**Detail**	**Member Last Nam**	**Member First Nam**	**Member No**	**PCN**
2	RA#	70	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN
3	RA#	70	ICN	Claim Status	Detail #	Member Last Name	Member First Name	Member No	PCN
4	186489356	70	5109320000000	A	0	Cameron	James	223659000000	456285000
5	186489356	70	5109320000000	A	0	Cameron	James	223659000000	456285000
6	186489356	70	5109320000000	A	1	Cameron	James	223659000000	456285000
7	186489356	70	2009330000000	P	0	Holmes	Katherine	458266000000	123696000
8	186489356	70	2009330000000	P	1	Holmes	Katherine	458266000000	123696000
9	186489356	70	2209310000000	D	0	Cruise	Thomas	714214000000	213880000
10	186489356	70	2209310000000	D	1	Cruise	Thomas	714214000000	213880000
11	*								

Mock CSV RA 70 Professional Cro


Microsoft Excel - Mock CSV RA Summary section only.csv
File Edit View Insert Format Tools Data Window Help
Type a question for help
Arial
10
A2
186489356
Sort...
Filter
AutoFilter
Show All
Advanced Filter...
Form...
Subtotals...
Validation...
Table...
Text to Columns...
Consolidate...
Group and Outline
PivotTable and PivotChart Report...
Import External Data
List
XML
Refresh Data
A
B
C
G
H
186489356
160
$ 889.4
$ 222.22
$ 222.23
$ 223.23
RA#
170
Claims Paid (Curre No)
Claims Paid (MTD Amt)
Claims Paid (YTD No)
Claims Paid (YTD Amt)
186489356
170
$ 9.0
$ 97,345.00
$ 79.00
$ 369,049.69
RA#
180
Claims Payments (Current Amt)
Capitation Payment (Current Amt)
Capitation Payment (MTD Amt)
Capitation Payment (YTD Amt)
186489356
180
$ 1,591.5
RA#
190
Claim Specific Adjustment Refunds (Current Amt)
(MTD Amt)
(YTD Amt)
Non-Claim Specific Refunds (Current Amt)
Non-Claim Specific Refunds (MTD Amt)
Non-Claim Specific Refunds (YTD Amt)
186489356
190
$ (56.55)
$ (67.02)
-109.67
$ -
$ (10.00)
$ (10.00)
RA#
200
Voids (Current Amt)
Voids (MTD Amt)
Voids (YTD Amt)
186489356
200
$ -
$ (89.90)
$ (89.90)
RA#
210
Check No
Issue Date
Issue Amt
186489356
210
1056
11/01/2009
$ 99.00
$ 908.89
RA#
220
Lien Holder Name
Lien Amt
186489356
220
United States Government
$ 0.01

Resources

- Webcast
- *www.forwardhealth.wi.gov/*
  - Online Handbooks.
  - Portal User Guide.
  - CSV RA User Guide.
  - ForwardHealth Updates.
  - Resources handout for important telephone numbers.

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